



Do Not Write or Staple In This
Space.
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Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01038611

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250

WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description				AMOUNT				
1		0		TPCN-12.1	TPCN-12.1 (529-10-0013-00001E)				\$762,500.00				
ShipTo ID	Non-HHSAS Cntrct ID												
E893	529-10-0013-00001												
Contract #		Wkfc	Org PmtDt	IC	RC	Invoice DT:	08/28/15	Req'd Pay DT:	10/01/15				
		N				Inv Rec'd DT:	08/28/15	Pay Due DT:	10/01/15				
						Service DT:	09/01/15	P O DT:					
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount				
1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00				
	Open Item Key:												
	Conf:N												
	Certified Amt: 0.00												

Descriptive Legal Text (DLT Comments):

DOS: SEP 2015

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

SEP 24 2015

09/23/2015

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Wagner,Cathy J (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name	Contact Phone(Area+Number)		

RECEIVED

Health & Human Services
Commission

STATE OF TEXAS

SEP 22 2015

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

HHSC ACCOUNTING

Page 1 of 1

1. Agency number	2. Agency number 529	3. Agency name Health & Human Services Commission	4. Current document number 103 8611																
9. Texas Identification number 1760802397 8-000		10. PDT 100	11. Doc agency 529																
12. Purchase Order number 13. Document amount \$762,500.00		14. Payee name / address Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746																	
15. Current document number 16. Current document date 17. AGENCY USE		18. SFX 001																	
<table border="1"> <tr> <td>FY</td> <td>COBJ</td> <td>Amount</td> </tr> <tr> <td>2016</td> <td>7253</td> <td>\$ 762,500.00</td> </tr> </table>		FY	COBJ	Amount	2016	7253	\$ 762,500.00	<table border="1"> <tr> <td>18. SFX 001</td> <td>19. Current document number 20. Current document date 21. Quantity 22. Unit Price 23. Amount</td> </tr> <tr> <td>DeptID/Speedchart 716</td> <td>Invoice date 8/28/2015 Invoice number / Account Number TPCN-12.1 Requested Payment Date 5 DAY PAY</td> </tr> <tr> <td>DeptID/Speedchart 716</td> <td>Invoice Received Date 8/28/2015</td> </tr> </table>		18. SFX 001	19. Current document number 20. Current document date 21. Quantity 22. Unit Price 23. Amount	DeptID/Speedchart 716	Invoice date 8/28/2015 Invoice number / Account Number TPCN-12.1 Requested Payment Date 5 DAY PAY	DeptID/Speedchart 716	Invoice Received Date 8/28/2015				
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26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.																			
Agency contact/preparer SIGN HERE		Printed Name Beth Zahn	Phone (Area code and number) 512-206-5111	Date 21-Sep-15															
Agency Approver SIGN HERE		Printed Name Marilyn Eaton	Phone (Area code and number) 512-206-5187	Date 9/21/2015															

8/ 9/23/15



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Beth Zahn
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397Amounts due may be remitted
by Electronic Funds**To:** Business Bank of Texas, N.A.1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758**Routing No.** 114925615**Account:**

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.1**Invoice Date:** August 28, 2015**Due Date:** September 30, 2015**For Professional Services Rendered:****RE:****Contract Number:** 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.1: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: September 30, 2015

\$762,500.00

Amount Due **\$762,500.00**